

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH13198  
State File No. ....

FILED APR 27 1953

BIRTH NO.

REG. DIST. NO. 15

PRIMARY REG. DIST. NO. 3004

Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <b>Barton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Barton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <b>Lamar</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR <b>Lamar</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>At Home</b>		d. STREET ADDRESS (If rural, give location) <b>100% Lexington</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Jasper</b>		b. (Middle) <b>Marion</b>	
c. (Last) <b>Hughes</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 21, 1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 18, 1868</b>
9. AGE (In years last birthday) <b>84</b>		10. AGE (In years last birthday) <b>84</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer, Ret.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Farm</b>	
11. BIRTHPLACE (State or foreign country) <b>Lawrence County, Indiana</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>William Talbert Hughes</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Jane Hart</b>	
14. NAME OF HUSBAND OR WIFE <b>Katie Hughes</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mr. G. H. Hughes, Lamar, Mo.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Chronic Heart Failure</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Coronary insufficiency</b>  DUE TO (b) <b>old age</b>  DUE TO (c) <b>old age</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. CITY, TOWN, OR TOWNSHIP <b>LAMAR</b>	
21c. COUNTY <b>Barton</b>		21d. STATE <b>Mo</b>	
21e. TIME (Month) (Day) (Year) (Hour)		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21g. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <b>Jan 15, 1953</b> to <b>April 1953</b> , that I last saw the deceased alive on <b>April 1953</b> and that death occurred at <b>1:00 p.m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>DR. Guldner M.D.</b>		23b. ADDRESS <b>LAMAR Mo</b>	
23c. DATE SIGNED <b>4-8-53</b>		24. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>4-22-1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Moorehead Cemetery</b>	
24d. LOCATION (City, town, or county) <b>Barton County, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Chelan Funeral Home Lamar, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>APR 22 1953</b>		REGISTRAR'S SIGNATURE <b>Marie Karsant</b>	
14-0		25. FUNERAL DIRECTOR'S SIGNATURE <b>Chelan Funeral Home Lamar, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*roughly not*

APR 28 1953

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Charles W. Chiles*

Licensed Embalmer No.

*3473*

P. O. Address

*Lamar, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.